14607,837

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and to a collection of information unitess it displays a valid OMB control number. ork Reduction Act of 1995, no persons are required to respo PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number Substitute for Form PTO-875 407837 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Cotumn 2) OR SMALL ENTITY FOR NUMBER FILED MUMBER EXTRA RATE FEE BASIC FEE RATE (37 CFR 1.16(a)) 750 OR TOTAL CLAIMS P7 CFR 1.18(c)) colous 20 o X S OR PIDEPENDENT CLAIMS 07 CFR 1.18(b)) OΩ × s MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1.18(Q) OR "If the difference in column 1 is less than zero, enter "O" in column 2, 250 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 2) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT RATE ADDL AFTER RATE PREVIOUSLY ADOL EXTRA TIONAL ENDMENT TIONAL PAID FOR FEE Minus FEE OR FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM D7 CFR 1.15(0) OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) CLAMS HIGHEST m REMAINING NUMBER PREVIOUSLY PRESENT 12-18 06 AFTER RATE ADDI-TIONAL RATE **EXTRA** PAID FOR Total (D) CHI 1.16(4) 20 FEE 3 x : 25. × .50. 150 OR x s 100-× 200-OR FRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (07 OFR 1.18(0)) ÓR TOTAL 50 ADD'L FEE ADD'L FEE (Column 2) (Catumn 3) CLAMS REMAINING HIGHEST NUMBER PREVIOUSLY PRESENT ENT RATE RATE AFTER ADDL EXTRA TIONAL TIONAL AMENDMENT FEE Total FF CFR LINES AMENDM ¥ \$ OR X S Minur OR X S FIRST PRESENTATION OF MATIFLE DEPOIDENT CLAIM (37 CFR 1.5E(4)) OR TOTAL TOTAL

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication, Conditionality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the includual case. Any comments on the sound of time you require to complete this form and/or suggestions for reducing this borden, should be sent to the Chief Information Officer, U.S. Department of Commence, P.O., Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patenta, P.O. Box 1459, Alexandria, VA 22313-1450.

ADD'L FEE

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ADD'L FEE

if you need easistance in completing the form, call 1-800-PTO-9169 and select option 2.

• If the entry in column 1 is less than the entry in column 2, write "V" in column 3.
• If the Tighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
• If the Tighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "I".